

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000004321

1. Entity Name
YANKEES LANDING, INC.



Principal Place of Business
1440 CHESAPEAKE AVE
NAPLES, FL 34102

Mailing Address
1440 CHESAPEAKE AVE
NAPLES, FL 34102

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0518105

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VALLEZ, ARTHUR (JERRY)
1440 CHESAPEAKE AVE
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORLOCK, KIRBY
STREET ADDRESS	8941 WEST 151 STREET
CITY-ST-ZIP	PRIOR LAKE, MN 55372
TITLE	VD
NAME	CRANS, ROBERT R JR
STREET ADDRESS	3260 60TH STREET SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	STD
NAME	VALLEZ, ARTHUR (JERRY)
STREET ADDRESS	1440 CHESAPEAKE AVE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954518
07/14/08-80004-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STD

7/10/08 239-262-0381